

Ser. No. 10/007,370

PATENT
2001P10727US01

REMARKS

Claims 1, 5 and 8 as attached have been amended to more clearly define the invention.

Claims 1 and 8 have merely been re-arranged to improve comprehensibility and clarify the invention. Claim 5 is shortened.

I. Rejection under 35 U.S.C. 102(b)

Claims 1-19 are rejected under 35 U.S.C. 102(b) as being anticipated by SMS's Integrated Clinical System (www.smed.com) (referred to as SMS document hereafter). These claims are deemed to be patentable for the reasons given below.

Amended claim 1 recites a method for "assigning an identifier to at least one of a plurality of displayable task schedules" comprising "initiating display of at least one interface menu supporting user entry of decision information for assigning a task representative identifier to a particular task schedule of a plurality of displayable task schedules associated with a corresponding plurality of different entities, said particular task schedule being associated with a particular entity of said corresponding plurality of different entities; receiving decision information entered via said at least one interface menu; applying the received decision information; and assigning said task representative identifier representing a task to be performed by said particular entity, to said task schedule associated with said particular entity, based on the application of the received decision information, in response to a predetermined event". These features are not shown (or suggested) in the SMS document.

The system of claim 1 assigns an "identifier representing a task to be performed by an entity" by "receiving decision information entered via the at least one interface menu" and "applying the received decision information" in "assigning the task representative identifier to the task schedule associated with the particular entity" in "response to a predetermined event". The system advantageously enables user customizable, automatic, event driven, healthcare worker (and medical device) task scheduling. For example, assume, "Dr. Jones is the Radiologist who protocols all spiral CT exams. When a spinal CT is ordered, that exam will be added to Dr. Jones' protocol work list 1, and at the same time, can be added to a CT technologist work list 1 of exams to be performed on the day for which it was ordered. When Dr. Jones

Ser. No. 10/007,370

PATENT
2001P10727US01

protocols the exam, it would be removed from his work list 1. When the exam is tracked to the Begin Procedure step, it can be removed from the technologist work list 1" (Application page 12 lines 10-15). This automatic task scheduling significantly improves hospital personnel and resource allocation, planning and operation.

The SMS document describes pre-cursor products (also developed by the assignee of the Application). The SMS document and associated products do not show or suggest "initiating display of at least one interface menu supporting user entry of **decision information** for **assigning** a task representative identifier to a particular task schedule" of a "particular entity" of a "corresponding plurality of different entities". The SMS document and associated products do not show or suggest "assigning said task representative identifier representing a task to be performed by said particular entity, to said task schedule associated with said particular entity, based on the **application** of the received **decision information**, in response to a predetermined event". The SMS document does not show or suggest such a combination of features.

The SMS document sections relied on in the Rejection on page 3 nowhere discuss or provide any 35 USC 112 compliant enabling description of "assigning a task representative identifier to a particular task schedule" of a "particular entity" of a "corresponding plurality of different entities" or of doing this "based on the **application**" of "received **decision information**, in response to a predetermined event". Specifically, the SMS document page 2 section 1 describes alerts and reminders associated with the condition of a patient, but do not concern "assigning" a task representative identifier and what to do about the patient condition. The SMS document portion relied on, page 2 section 1, page 3 sections 1 and 2, page 7 section 1, page 11 section 1, pages 12-13, page 17 section 2, page 24 and page 25 section 1 describes clinical and other data repositories and systems, without any ability to "assign" tasks based on the data or actions performed on the data.

Further, SMS document page 8 section 1 describes a Clinical Manager application enabling a user to add a task to a healthcare work task list (e.g., to schedule a nurse to contact a patient). SMS document page 8 section 1 (and other portions) do not show or suggest "initiating display of at least one interface menu supporting user entry of decision information for assigning a task representative identifier to a particular task schedule" of a "particular entity" of a "corresponding plurality of different entities". The SMS document user interface "Inbox" that

Ser. No. 10/007,370

PATENT
2001P10727US01

provides an ability to add a task to a work task list is **fundamentally different** to a user interface supporting user entry of **decision information** for **assigning** a task representative identifier to a particular task schedule" of a **"particular entity"** of a "corresponding plurality of different entities". SMS document page 8 section 1 (and other SMS document portions) nowhere suggest user entry of "decision information" that determines "assigning a task representative identifier to a particular task schedule". The SMS document page 8 section 1 (and other document portions) also do not show or suggest "assigning" the "task representative identifier" based "on the application of the received decision information, in response to a predetermined event".

The SMS document describes systems that are incapable of such a function. There is no mention, discussion or contemplation anywhere in the SMS document of **"application"** of user entered **"decision information"** to assign tasks in "response to a predetermined event". The Rejection fails to provide any specific indication of where such features are found or where any 35 USC 112 compliant enabling disclosure of such features occurs. Further, there is no recognition in the SMS document of the advantages of the user customizable, automatic, event driven, healthcare worker (and medical device) task scheduling features or any other motivation or reason for modifying the SMS document system to incorporate the claimed features.

In addition, the other cited references (Superior Solutions Corporation and Scheduling.com strategic alliance notice) concern scheduling systems. Scheduling systems are used to schedule use of resources, personnel and patients to perform **already identified tasks**. Such systems do not have the ability to select and assign tasks to be performed. Such scheduling systems also do NOT have the ability to "assign" tasks based on the data or actions performed on the data and specifically "based on the application of the received decision information" and "in response to occurrence of the triggering event". This capability allows a user to efficiently schedule personnel and devices to deliver healthcare to a patient based on occurrence of events. This capability and associated claimed arrangement is not contemplated by the cited references alone or in combination. Consequently, withdrawal of the rejection of amended claim 1 under 35 USC 102(b) is respectfully requested.

Dependent claim 2 is considered to be patentable based on its dependence on claim 1. Claim 2 is also considered to be patentable because the SMS document does not show (or suggest) a system in which "the step of initiating display

Ser. No. 10/007,370

PATENT
2001P10727US01

of the at least one interface menu includes initiating display of menu elements prompting a user to identify at least one of (a) the predetermined event triggering application of the decision information in assigning the task representative identifier to the task schedule, (b) a source of the decision information, (c) decision information comprising a procedure for processing data associated with a task to determine a task schedule for listing the task representative identifier". As previously explained the SMS document does not mention or contemplate "assigning" an "identifier" to "at least one of a plurality of displayable task schedules associated with a corresponding plurality of different entities" in combination with initiating "display of menu elements prompting a user to identify" data associated with "decision information" used in "assigning the task representative identifier to the task schedule associated with the particular entity in response to a predetermined event". The SMS document page 2 relied on in the Rejection concerns patient data related **alerts and reminders** and has nothing to do with "assigning" tasks or "assigning" an "identifier" to "at least one of a plurality of displayable task schedules associated with a corresponding plurality of different entities".

Dependent claim 3 is considered to be patentable based on its dependence on claim 1. Claim 3 is also considered to be patentable because the SMS document does not show (or suggest) a system in which the "the decision information comprises a **logical procedure** for processing data associated with a **task** to identify a task schedule for incorporating the task representative identifier". The SMS document does not mention or contemplate use of a "logical procedure" for "processing data associated with a task to identify a **task** schedule". The SMS document portion relied on, page 2 section 1, page 3 sections 2 and 3, page 7 section 1, page 11 section 1, pages 12-13, page 17 section 2, page 24 and page 25 section 1 describes clinical and other data repositories, without any ability to "assign" tasks based on the data or actions performed on the data. Also as previously explained SMS document page 8 section 1 describes a Clinical Manager application enabling a user to add a task to a healthcare work task list (e.g., to schedule a nurse to contact a patient) and fails to suggest user entry of "decision information" that determines "assigning a task representative identifier to a particular task schedule".

Dependent claim 4 is considered to be patentable based on its dependence on claims 1 and 3.

Amended dependent claim 5 is considered to be patentable based on its dependence on claim 1. Claim 5 is also considered to be patentable because the SMS

Ser. No. 10/007,370

PATENT
2001P10727US01

document does not contemplate "assigning" a **task representative identifier** to "at least one of a plurality of displayable task schedules associated with a corresponding plurality of different **entities**" comprising "at least one of (a) a category of users, (b) one or more users currently designated to perform a healthcare worker role and (c) a medical device or system". Contrary to the Rejection statements on page 5, the SMS document portion relied on fail to provide any suggestion of the combination of features of claim 5. Specifically, page 2 section 1, page 3 sections 2 and 3, page 7 section 1, page 8 sections 1 and 2, page 11 section 1, pages 12-13, page 17 section 2, page 24 and page 25 section 1 fail to suggest "**application**" of user entered "**decision information**" to assign tasks in "response to a predetermined event" to "at least one of (a) a category of users, (b) one or more users currently designated to perform a healthcare worker role and (c) a medical device or system". The Rejection fails to specifically indicate where such features are disclosed and merely cites multiple system overview reference sections.

Dependent claim 6 is considered to be patentable based on its dependence on claim 1. Claim 6 is also considered to be patentable because the SMS document does not show (or suggest) a system in which the "the decision information identifies the predetermined event and...the predetermined event corresponds to at least one of (a) patient admission, (b) beginning of a medical procedure, (c) end of a medical procedure and (d) a user defined event based on information acquired". The SMS document (specifically, page 2 section 1, page 3 sections 2 and 3, page 7 section 1, page 8 sections 1 and 2, page 11 section 1, pages 12-13, page 17 section 2, page 24 and page 25 section 1) relied on in the Rejection concerns patient data related alerts and reminders. The relied on reference sections do NOT show or suggest "assigning" an "identifier" to "at least one of a plurality of displayable **task schedules** associated with a corresponding plurality of different entities" in "response to a predetermined event" that corresponds to "at least one of (a) patient admission, (b) beginning of a medical procedure, (c) end of a medical procedure and (d) a user defined event based on information acquired". The Rejection fails to show where such features are specifically shown or suggested and merely recites a list of reference sections that fail to disclose such claimed features

Dependent claim 7 is considered to be patentable based on its dependence on claim 1. Claim 7 is also considered to be patentable because the SMS document does not show (or suggest) the features of claim 1 in combination with "applying the received decision information in **prioritizing** a plurality of **task representative identifiers** of a **task schedule** associated with a particular entity in

Ser. No. 10/007,370

PATENT
2001PI0727US01

response to occurrence of a triggering event". As previously explained, the SMS document page 2 section 1 and page 7 section 1 describes clinical and other data repositories, without any ability to "assign" tasks based on the data or actions performed on the data. Similarly, the SMS document page 8 section 1 describes a Clinical Manager application enabling a user to add a task to a healthcare work task list (e.g., to schedule a nurse to contact a patient), and is **fundamentally different** to the claimed system supporting user entry of **decision information** for **assigning** a task representative identifier to a particular task schedule" of a **"particular entity"** of a "corresponding plurality of different entities". SMS document page 8 section 1 (and other SMS document portions) nowhere suggest user entry of "decision information" **that determines** "assigning a task representative identifier to a particular task schedule".

Amended Independent claim 8 is considered to be patentable for reasons given in connection with claims 1-7 and for additional reasons. Claim 8 is also considered to be patentable because the SMS document does not show (or suggest) "initiating display of at least one interface menu supporting user entry of decision information for assigning a task representative identifier to a task schedule associated with a particular entity and accessible by the particular entity, the decision information including: a procedure for processing data associated with a task to identify a task schedule for incorporating the task representative identifier, and an event for triggering application of the procedure in allocating the task representative identifier to the identified task schedule".

The SMS document is not concerned with and does not contemplate "assigning a task representative identifier to a task schedule associated with a particular entity and accessible by the particular entity". The SMS document portion relied on, page 2 section 1, page 3 sections 2 and 3, page 7 section 1, page 11 section 1, pages 12-13, page 17 section 2, page 24 and page 25 section 1 describes clinical and other data repositories. The systems described do NOT have the ability to "assign" tasks based on the data or actions performed on the data and specifically "based on the application of the received decision information" and "in response to occurrence of the triggering event". The SMS document does NOT show or suggest "initiating display of at least one interface menu supporting user entry of decision information for assigning a task representative identifier to a task schedule associated with a **particular** entity and accessible by the particular entity". This capability allows a user to efficiently schedule personnel and devices to deliver healthcare to a patient based on **occurrence of events**. For example, a "radiologist may use the

Ser. No. 10/007,370

PATENT
2001P10727US01

system of the present inventions to create an entry on an appropriate entity's "to be scheduled" worklist, including the radiologist's own worklist, such as by using a menu option. The menu option may programmatically schedule such an event if a certain code is entered by or for the radiologist upon completion of the analysis of the results, i.e. the results code acts as a triggering event to schedule the more detailed ultrasound" (Application page 11 lines 5-15). These features and capability are nowhere suggested in the SMS document.

The "decision information" includes a "procedure" and a "logical procedure may condition allocation of the task to a task schedule associated with a particular entity upon one or more occurrences of a phenomenon which may or may not be coincident. For example, it may be desirable to programmatically condition assigning a subsequent task to a user or entity based on what also has or is happening as indicated by a response entered into the same or another worksheet 1" (Application page 10 line 22 to page 11 line 2). The SMS document does NOT show or suggest use of "decision information" including: "a procedure for processing data associated with a task to **identify** a task schedule for incorporating the task representative identifier, and an **event** for **triggering** application of the **procedure** in allocating the task representative identifier to the identified task schedule" associated with a "particular entity" and accessible by the "particular entity".

Dependent claim 9 is considered to be patentable based on its dependence on claim 8 and for reasons given in connection with claims 1, 3 and 4. Claim 9 is also considered to be patentable because the SMS document does not show (or suggest) a system including the combination of features of claim 9 in which the "the data associated with a task comprises at least one of (a) a medical procedure identifier for a scheduled procedure, (b) a time and date of performance of a medical procedure, (c) patient medical record information, (d) location of performance of a medical procedure, (e) patient type identifier and (f) patient physical characteristics".

Dependent claim 10 is considered to be patentable based on its dependence on claim 8 and for reasons given in connection with claims 1, 6 and 8. Claim 10 is also considered to be patentable because the SMS document does not show (or suggest) a system including the combination of features of claim 10 in which the "the **triggering event** corresponds to at least one of (a) patient admission, (b) beginning of a medical procedure, (c) end of a medical procedure and (d) a user defined event based on acquired information".

Ser. No. 10/007,370

PATENT
2001P10727US01

Dependent claim 11 is considered to be patentable based on its dependence on claim 8. Claim 11 is also considered to be patentable because the SMS document does not show (or suggest) a system including the combination of features of claim 11 including "acquiring the data associated with a task".

Dependent claim 12 is considered to be patentable based on its dependence on claim 8. Claim 12 is also considered to be patentable because the SMS document does not show (or suggest) a system including the combination of features of claim 12 in which the "the procedure conditions allocation of the task to the task schedule associated with the particular entity upon coincidence of a plurality of occurrences, and...further including acquiring data to identify the coincidence of the plurality of occurrences". Contrary to the Rejection statement on page 8, the SMS document sections relied on, page 2 section 1, page 7 section 1, page 8 section 1, page 9 section 1, page 11 section 1, and page 24 give an overview of systems that do NOT have the ability to "assign" tasks based on the data or actions performed on the data and specifically "based on the application of the received decision information" and "in response to occurrence of the triggering event". The reference also fails to show or suggest "assigning" tasks "in response to occurrence of the triggering event" and specifically in response to "coincidence of a plurality of occurrences". The reference also fails to show "acquiring data to identify the coincidence of the plurality of occurrences". The cited reference passages simply do not show or suggest such features and the Rejection fails to make any showing that specifically identifies where such a combination of features are present.

Dependent claim 13 is considered to be patentable based on its dependence on claim 8. Claim 13 is also considered to be patentable because the SMS document does not show (or suggest) a system including the combination of features of claim 13 in which the "the triggering event is **conditioned** upon coincidence of a plurality of occurrences, and...further including acquiring data to identify the coincidence of the plurality of circumstances". Contrary to the Rejection statement on page 8, the SMS document sections relied on, page 2 section 1, page 7 section 1, page 8 section 1, page 9 section 1, page 11 section 1, and page 24 give an overview of systems that do NOT have the ability to "assign" tasks based on the data or actions performed on the data and specifically "based on the application of the received decision information" and "in response to occurrence of the triggering event". The reference also fails to show or suggest "assigning" tasks "in response to occurrence of the triggering event" and specifically in response to "coincidence of a plurality of occurrences". The reference also fails to show "acquiring data to identify the

Ser. No. 10/007,370

PATENT
2001P10727US01

coincidence of the plurality of occurrences". The cited reference passages simply do not show or suggest such features and the Rejection fails to make any showing that specifically identifies where such a combination of features are present.

Dependent claim 14 is considered to be patentable based on its dependence on claim 8. Claim 14 is also considered to be patentable because the SMS document does not show (or suggest) a system including the combination of features of claim 14 involving "applying the received decision information in **removing a task representative identifier** from the **task schedule** associated with the particular entity in response to occurrence of a **triggering event**". Contrary to the Rejection statement on page 8, the SMS document sections relied on, page 7 section 1, pages 12-13 and page 24 give an overview of systems that do NOT have the ability to "assign" tasks based on the data or actions performed on the data and specifically "based on the application of the received decision information" and "in response to occurrence of the triggering event". The relied on sections fail to make any suggestion of "applying the received **decision information** in **removing** a task representative identifier from the **task schedule** associated with the particular entity in response to occurrence of a **triggering event**". Removal of task identifiers is not discussed or mentioned anywhere in the cited reference.

Amended Independent claim 15 is considered to be patentable for reasons given in connection with claims 1-14 and for additional reasons. Claim 15 is also considered to be patentable because the SMS document does not show (or suggest) "a method for providing a user interface for assigning" a task representative identifier "to at least one of a plurality of displayable task schedules associated with a corresponding plurality of different entities" and "in response to a user command, initiating display of at least one interface menu supporting user entry of decision information for assigning a task representative identifier to a task schedule associated with a particular entity; and initiating display of an updated task schedule associated with the particular entity, the updated task schedule being generated in response to applying received decision information in assigning the task representative identifier to the task schedule associated with the particular entity in response to occurrence of a predetermined event".

As previously explained the SMS document is not concerned with, and does not contemplate, "assigning a **task representative identifier** to a **task schedule** associated with a particular entity and accessible by the particular entity" in "response to applying received decision information" and "in response to occurrence of a

Ser. No. 10/007,370

PATENT
2001P10727US01

predetermined event". The SMS document also does show or suggest "initiating display of at least one interface menu supporting user entry of **decision information** for assigning a **task representative identifier** to a task **schedule** associated with a **particular entity**". The SMS document portions relied on, page 2 section 1, page 3 sections 2 and 3, page 7 section 1, page 8 section 1, page 11 section 1, pages 12-13, page 17 section 2, page 24 and page 25 section 1 describes clinical and other data repository systems. The systems described do NOT have the ability to "assign" tasks based on the data or actions performed on the data and specifically "based on the application of the received decision information" and "in response to occurrence of the triggering event". This capability allows a user to efficiently schedule personnel and devices to deliver healthcare to a patient based on occurrence of events. This capability and associated claimed arrangement is absent from the cited reference.

Amended Independent claim 16 is considered to be patentable for reasons given in connection with claims 1-15 and for additional reasons.

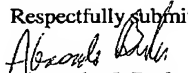
Amended Independent claim 17 is considered to be patentable for reasons given in connection with claims 1-15 and for additional reasons.

Amended Independent claim 18 is a system claim mirroring method claim 1 and is considered to be patentable for same reasons as claim 1.

Dependent claim 19 embodies the steps of claim 1 and is considered to be patentable for the same reasons as claim 1. Consequently, withdrawal of the rejection of claims 1-19 under 35 USC 102(b) is respectfully requested.

In view of the above amendments and remarks, Applicant submits that the Application is in condition for allowance, and favorable reconsideration is respectfully requested.

Respectfully submitted,


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Date: 9 December 2004
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